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DECLARATION FOR UTILITY OF	Attorney Docket No	ımber				
DECLARATION FOR UTILITY OR DESIGN	First Named Invent	or Jose	I. Gonzalez			
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number		,			
Declaration Submitted OR Submitted after Initial	Filing Date					
	Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e))						
required)	Examiner Name					
As the below named inventor, I hereby declare that:	-					
My residence, mailing address, and citizenship are as stated belo	w next to my name.					
believe I am the original and first inventor of the subject matter w	-	hich a patent is sou	aht on the invention entitled:			
Educational Financial Instru	ment And Met	hod For (1) Creating			
Education Value For Investors (2) Creating Education Value						
Gift Options For Consumers (3) Reducing Individual And Total						
American Student Debt And (4) Increasing And Facilitating						
Access To Private Education.						
(Title of the Invention)						
the specification of which						
x is attached hereto						
OR						
was filed on (MM/DD/YYYY)						
	г					
Application Number and was amende	ed on (MM/DD/YYYY)		(if applicable).			
	_					
I hereby state that I have reviewed and understand the contents of any amendment specifically referred to above.	of the above identified spe	cification, including t	he claims, as amended by			
I acknowledge the duty to disclose information which is material to	natostability an data	in 27 CED 1 56 ''	iding for continuation !			
applications, material information which became available betwee	n the filing date of the pri	or application and th	e national or PCT			
international filing date of the continuation-in-part application. Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d)	or (f) or 365(h) of any f	oreign application(s)	for natent inventor's or nig			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or planted breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United						
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plated before that of the application on which priority						
claimed.		·				
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO			
	(1111)		1 50 110			
		1 1 1	1 1 1 1 1			

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are nequired to complete this form should be sent to the Chief Information Officer, 0.9 Fateria and Trademark Office, Washington, D.C. 2023.1. D.N.O.T. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, D.C. 2023.1.

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DECLARATION — Utility or Design Patent Application

Customer Number OR X Correspondence address below				
Direct all correspondence to: OR				
Jose Ignacio Gonzalez				
c/o Fort Knox Self Storage Address 1025 Commerce Drive				
La Belle City		FL State	33935 ZIP	
Country U.S.A.	Telephone 863-	-675-1025	Fax	
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patient issued thereon.				
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor				
Given Name Jose Ignacio Family Name Gonzalez or Surname				
Inventor's Date 12/14/2001				
La Belle Residence: City	FL State	U.S.A.	Nicaragua Citizenship	
c/o Fort Knox Self Storage Mailing Address 1025 Commerce Drive				
La Belle City	FL State	33935 ZIP	U.S.A.	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor				
Given Name Family Name (first and middle [if any]) or Surname				
Inventor's Signature			Date	
	Chate	Country	Citizenship	
Residence. City Common				
Mailing Address				
City Additional inventors are being named on the	State supplemental Addit	ZIP tional Inventor(s) sheet(s) PTO/SE	Country B/02A attached hereto.	
Additional inventors are being named on the				